	Effective October 1, 2003										09/	165	58 =	712
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL TYPE			OF		ER THAN L ENTITY
1	TOTAL CLAIMS								RAT	E	FEE	٦ [.]	RATE	
	FOR				NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OF	BASIC FE	
	TOTAL CHARGEABLE CLAIMS				minus 20=				X\$ S	=		7	1/2.5	
INDEPENDENT CLAIMS					minus 3 =			7	X43			OF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	MULTIPLE DEPENDENT CLAIM PR				ENT	!	. [7		-		JOR	X86=	
1	If the differe	ence in a	column 1	is loss	than zero. o	otor "O" is	! 2	_ _	+145	=		OR	+290=	
	If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L EÑ	ITITY	OR		R THAN ENTITY
CNT	Amot	AMOT, CLAIMS REMAINING AFTER AMENDMENT		İ	HIGHE NUMBE PREVIOU PAID FO		PRESENT	T	RATE	, T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	19	Minu		22	/ = '	1	X\$ 9=	7	-	9.B	X\$18=	766
	independe				Minus		= =		X43=	- -		1	X86-	
	FIRST PRESENTATION OF MULTIP				E DEPENDE	NT CLAIN	ا] -		+		OR		
								L	+145= TOTA	i		OR	+290= TOTAL	
		(Ca	olumn 1)		(Col	lumn 2)	(Column 3		DOIT. FE			OR A	DOIT. FEE	
ø.		C	LAIMS MAINING		HIC	GHEST IMBER	PRESENT	ו ר	-	A	DDI-	T		ADDI-
N I			UFTER INDMENT		PRE	VIOUSLY D FOR	EXTRA		RATE		DNAL EE	Ì	RATE	TIONAL. FEE
MENDMENT	Total	•		Minus	**		=		X\$ 9=			OR	X\$18=	
A M	Independent		251.00	Міпцѕ	***		=		X43=.			OR	X86=	
	FIRST PRES	ENTATIO	JN OF MI	ULTIPLE	DEPENDEN	IT CLAIM	. (_]] -	145=	1			+290=	
			•						TOTAL	 	3.	′'`L	TOTAL	
	(Column 1) (Column 2) (Column 3)								OIT. FEE	L		DR AC	DOIT, FEEL	
1		CL	AIMS AINING		HIGH	HEST	·		• • 1	AD	DI:	٦		ADDI-
		AF	TER DMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	F	IATE	TIO!	VAL		RATE	TIONAL FEE
	Total	•		Minus	••		=	×	\$ 9=		0	R >	K\$18=	
	ndependent	•		Minus	***		=	X	43=			-	X86=	
TO STAN WHO IS INCEPTIVE DEPENDENT COAIM														
H U	ne entry in colum	<u> </u>	45= TOTAL			'	290= TOTAL							
ii d	re ingliest Nut he "Highest Nut	nber Prev nber Prev	tousty Paid tousty Paid	For IN	THIS SPACE &	s less than . s less than	20, enter "20." 3. enter "3."	ADDI	T. FEE	•	0	AUL	OIT. FEE	
	Highest Num	uet Ptevio	ousty Paid	ror (Tali	al or independe	≥ml) is the h	ighest number	found in	the appr	opriat	a box in	columi	1 1.	.

Application or Docket Number